

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 321

Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 87

Full Name of Deceased, Otto Lehman
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 2 Years,

3

Months,

Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Germany - One week

Birth Place, Germany - One week
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, One week

Place of Death, University Hospital
{ Give Street and Number. }

Cause of Death, Capillary Bronchitis
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, Exhaustion

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 12th 1887

Undertaker, H. Sanda

Place of Business, 1410 Canton St. Address, University Hospital

C. F. Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 322 Office of Registrar of Vital Statistics.

Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12 o'clock m June 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha Little

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, _____ Years, _____ Months, 2 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, during life time

Place of Death, { Give Street and Number. } 907 Curly St

Cause of Death, { First (Primary), Second (Immediate), } Convulsions
do

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls cem

Date of Burial, June 12th 1887

Undertaker, A. Sander E. D. Richard

Medical Attendant.

Place of Business, 1410 Canton St Address, 2830 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 323 Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 9 June, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mr. Riscella Nicholson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 75 Years, Months, Days.

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 847 W. Lombard st

Cause of Death, { First (Primary), Second (Immediate), } Old age
Phthisis Pulmonalis

Duration of Last Sickness, Nearly three months

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, June 12 1887

{ Undertaker, Gas B. Cook } John Hood M. D. Medical Attendant.

{ Place of Business, 1003 W. Baltimore } Address, 1403 W. Fayette

In accordance with Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. A 324

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 10 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert H. Spradon

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 68 Years, _____ Months, _____ Days

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Book Manufacturer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Prima George Co Maryland

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, { Give street and number. } N 44 S. Fulton St

Cause of Death, { First, (Primary.) Complication of Diseases
Second, (Immediate.) Chronic Pharyngitis and Laryngitis }

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, June 13 1887

Undertaker, Jos B Cook

Place of Business, 1003 N Baltimore St

John Amman M.D.,
Medical Attendant.

Address, N 11 W. Pratt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permits for Burial to the

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 325

Office of Registrar of Vital Statistics.

Ward

18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 11th June 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eva Anne Warrington

Sex, Male or Female, { Cross out the word not required in this line. }

a

Age, 7 Years, 7 Months, 2 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 1253 Sargeant st Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and Number. } 1253 Sargeant st

Cause of Death, { First (Primary), Second (Immediate), } Gastro-Enteritis
Exhaustion



Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Old Mt Vernon Philadelpy Road

Date of Burial, Sunday Jun 12

Undertaker, J. B. Cook

J. V. Benson M. D.
Medical Attendant.

Place of Business, 1003 W Baltimore

Address, 1047 Hollis

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

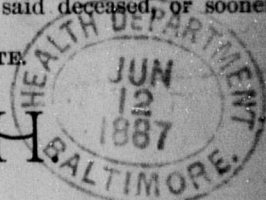
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. **A 326** Office of Registrar of Vital Statistics. Ward **7**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH

Date of Death, **June 11 1887**

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} **Bess Gainer** **B**

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, **21** Years, **21** Months, **21** Days.

Color, **Colored**

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} **✓**

Occupation, **None**

Birth Place, {State or country, and how long in the United States, if of foreign birth.} **1004 N Blenheim St**

Duration of Residence in the City of Baltimore, **Lifetime**

Place of Death, {Give Street and Number.} **1004 N Blenheim St**

Cause of Death, {First (Primary), Second (Immediate),} **Hereditary Syphilis**
Coma

Duration of Last Sickness, **Lifetime**

All the above information should be furnished by the Physician.

Place of Burial, **Abner Cemetery**

Date of Burial, **June 13 - 1887**

{ Undertaker, **Wm Madison** } **A. L. Gage** M. D.

Medical Attendant.

{ Place of Business, **76 East St** } Address **153 N Bway**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 327 Office of Registrar of Vital Statistics. Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Edith Kratzenmeyer

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, One Year, 8 Months, 16 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balti Cy.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. }

No 576 S. Remont Ave

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 13, 1887

Undertaker, Bernard Harbo

Place of Business, 115 West St.

Address, P.E. Columbia Remont Ave

Medical Attendant

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 328 Office of Registrar of Vital Statistics. Ward 17²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1887

Full Name of Deceased, John M. Cravel

Sex, Male or Female (Cross out the word not required in this line.)

Age, 29 Years, 1 Months, 5 Days.

Color, White

Married, Single, Widow or Widower, (Cross out the words not required in this line.)

Occupation, Archer

Birth Place, (State or country, and how long in the United States, if of foreign birth.) Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, (Give Street and Number.) 6 Clement

Cause of Death, { First (Primary), Typho. Malaric Fever
Second (Immediate), 9 days

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 13, 1887

{ Undertaker, Bernard Harle R. J. N. Tall M. D. Medical Attendant.

{ Place of Business, 115 West St. Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A-329 Office of Registrar of Vital Statistics. Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th '87
Full Name of Deceased, John Harkness {Write legibly and spell correctly. If an Infant not named, give names of parents.}
Sex, Male or ~~Female~~, {Cross out the word not required in this line.}
Age, 57 Years, — Months, — Days.
Color, White
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}
Occupation, Laborer
Birth Place, Baltimore City {State or country, and how long in the United States, if of foreign birth.}
Duration of Residence in the City of Baltimore, 57 years
Place of Death, University Hospital {Give Street and Number.}
Cause of Death, {First (Primary), Cancer of liver.
Second (Immediate), Exhaustion
Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cent
Date of Burial, June 13th 1887.
{ Undertaker, John J. Andrews }
{ Place of Business, No 407 Druid Hall } Address, University Hospital
C. W. Mitchell M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 02 220

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 330

Office of Registrar of Vital Statistics.

Ward 7¹/₄

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Mary Sigel

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 36 Years, _____ Months, _____ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } St. Joseph's Hospital

Cause of Death, { First (Primary), Second (Immediate), } Tuberculosis
Exhaustion

Duration of Last Sickness, 1 yr

All the above information should be furnished to the Physician.

Place of Burial, St. Alphonsus Ch

Date of Burial, June 15 1887

Undertaker, Henry Hooker Charles J. Hoskins M. D.

Medical Attendant.

Place of Business, 1023 N. Federal St Address, 624 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]